



THE MCKENZIE INSTITUTE UPPER EXTREMITIES ASSESSMENT

Date _____

Name _____ Gender _____

Address _____

Telephone _____

Date of Birth _____ Age _____

Referral: GP / Orth / Self / Other _____

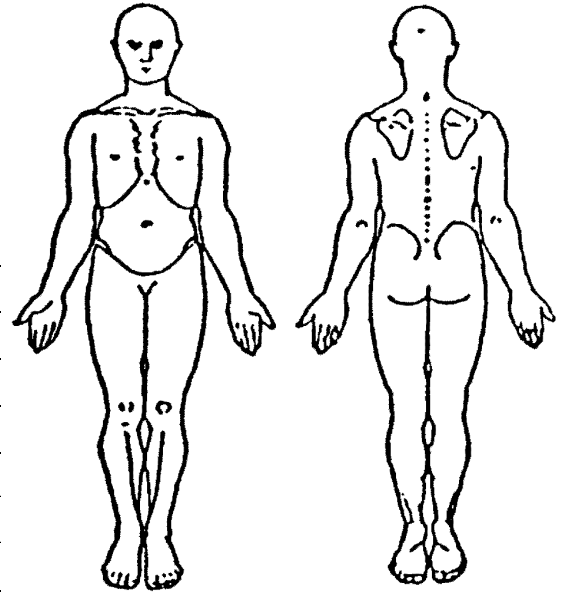
Work demands _____

Leisure activities _____

Functional limitation for present episode _____

Outcome / Screening score _____

NPRS (0-10) _____



Handedness: Right / Left

Present symptoms _____

Present since _____ *improving / unchanging / worsening*

Commenced as a result of _____ *no apparent reason*

Symptoms at onset _____ Paraesthesia: yes / no

Spinal history _____ Cough / Sneeze +ve / -ve

Constant symptoms: _____ Intermittent symptoms: _____

Worse	<i>bending</i>	<i>sitting</i>	<i>turning neck</i>	<i>dressing</i>	<i>reaching</i>	<i>gripping</i>
	<i>am / as the day progresses / pm</i>		<i>when still / on the move</i>		<i>Sleeping: prone / sup / side R / L</i>	
	<i>Other</i> _____					
Better	<i>bending</i>	<i>sitting</i>	<i>turning neck</i>	<i>dressing</i>	<i>reaching</i>	<i>gripping</i>
	<i>am / as the day progresses / pm</i>		<i>when still / on the move</i>		<i>Sleeping: prone / sup / side R / L</i>	
	<i>other</i> _____					

Continued use makes the pain: *better* *worse* *no effect* Disturbed sleep *yes / no*

Pain at rest *yes / no* Site: *neck / shoulder / elbow / wrist / hand*

Other Questions: *swelling* *catching / clicking / locking* *subluxing*

Previous history _____

Previous treatments _____

Medications _____

General health / Comorbidities: _____

Recent / relevant surgery: *yes / no*

History of cancer: *yes / no* Unexplained weight loss: *yes / no*

History of trauma: *yes / no* Imaging: *yes / no*

Patient goals / expectations _____

EXAMINATION

POSTURAL OBSERVATION

Sitting: *erect / neutral / slump* Change of posture: *better / worse / no effect* Standing: *lordotic / neutral / kyphotic*

Other observations: _____

NEUROLOGICAL: NA / motor / sensory / reflexes / neurodynamic _____

BASELINES: Pain and functional activity _____

EXTREMITIES *shoulder / elbow / wrist / hand* _____

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms
Flexion					
Extension					
Supination					
Pronation					
Other:					

	Maj	Mod	Min	Nil	Symptoms
Adduction / Ulnar Deviation					
Abduction / Radial Deviation					
Internal Rotation					
External Rotation					
Other:					

Passive Movement: note symptoms, range and +/- over pressure: _____	PDM	ERP

Resisted test pain response _____

Other tests / static positioning _____

SPINE

Movement Loss _____

Effect of repeated movements _____

Effect of static positioning _____

Spine testing *not relevant / relevant / secondary problem* _____

Baseline Symptoms _____

Repeated Tests	Symptomatic Response		Mechanical Response	
Active / Passive movement, resisted test, functional test	During Produce, Abolish, Increase, Decrease, NE	After Better, Worse, NB, NW, NE	Effect ↑ or ↓ ROM, strength or key functional test	No Effect

PROVISIONAL CLASSIFICATION

Extremities

Spine

Derangement _____ **Directional Preference** _____

Dysfunction: Articular / Contractile _____ **Postural** **OTHER** subgroup: _____

POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Contextual

Descriptions: _____

PRINCIPLES OF MANAGEMENT

Education _____

Exercise type _____ Frequency _____

Other exercises / interventions _____

Management goals _____

_____ Signature _____